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# Program Memorandum Carriers

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Department of Health &  
Human Services (DHHS)  
Centers for Medicare &  
Medicaid Services (CMS)

Transmittal B-01-76

Date: DECEMBER 11, 2001

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## CHANGE REQUEST 1953

**SUBJECT: Issuance of Standard Paper Remittance (SPR) Advice Notices and SPR- X12 835V4010 Crosswalk**

As a result of efforts to reprogram SPRs to correspond to the X12 835 changes for HIPAA, carriers and DMERCs made a number of suggestions for improvements in the SPR format. This Program Memorandum (PM) provides instructions for revisions to the SPR format to incorporate those improvements and information on balancing financial amounts in an SPR. In addition, a crosswalk of the SPR data fields to the 835V4010 data fields is provided to assist with programming.

### **SPR and X12 835V4010 Crosswalk**

The crosswalk (Attachment 1) provides a systematic presentation of SPR data fields and the corresponding fields in an 835V4010. It also includes some computed fields for provider use that are not present in an ERA. The comment column in the crosswalk provides clarification and instruction in some special cases.

### **Sample SPR Format**

Attachment 2 contains the revised format for the SPR. This replaces the sample provided as Attachment 3 with CR 1523. This sample provides an example of the general format but the actual SPR may contain additional (or fewer) lines, e.g., you may need to add a line for additional reason code(s) after first reason code line. The following format changes are included in this revision:

1. "Amount paid to beneficiary," and "MSP amount" fields used to compute provider payment will now be reported as reason code adjustments, rather than in separate fields.
2. There is a new claim level field for the informational reporting of late filing reductions.
3. There is also space to provide the submitted HCPCS code and the paid HCPCS code at each service line.
4. The " Total Offset " field has been renamed as "Provider Adj."
5. The " total paid to beneficiary," and "total other adjustments" fields have been deleted at the provider level.

**CMS-Pub. 60B**

## **SPR Balancing**

As with an 835, the amounts reported in a paper remittance advice must balance at the transaction, the claim and the service line levels, following these formulas:

- **Service line balancing:**  
Submitted line charge – Sum of service level RC amounts = Prov Pd (Calculated pmt to provider)
- **Claim level balancing:**  
Billed (submitted claim level charge) – Sum of all service level RC amounts = Prov Pd (calculated pmt to provider at the claim level)
- **Transaction level balancing:**  
Sum of all Prov. Pd amounts in the claim segments – Total provider adj. = Amount of check

## **General SPR Completion Requirements**

Field completion and calculation rules in the 835 also apply to the corresponding fields in the SPR, including the following:

- ? Any adjustment applied to the submitted charge and/or units must be reported in the claim and/or service adjustment segments with the appropriate group, reason and remark codes explaining the adjustments. Every provider level adjustment must likewise be reported in the provider level adjustment section of the SPR.
- ? The computed field "Net" must include "Prov Pd "(Calculated Pmt to Provider, CLP04 in the 835) and interest, late filing charges and previously paid.
- ? Report the first crossover carrier name on the SPR, even if COB information is sent to more than one payer.
- ? The amount of check is the sum of all claim level payments less any provider level adjustments.
- ? Positive adjustment amounts reduce the amount of the payment and negative adjustment amounts increase it.
- ? Do not issue an SPR for a voided claim. Issue SPR for the adjusted claim with "Previously Paid" showing the amount paid for the voided claim.

**The *effective date* for this PM is July 1, 2002.**

**The *implementation date* for this PM is no later than July 1, 2002.**

**These instructions should be implemented within your current operating budget.**

**This PM may be discarded after October 16, 2003.**

**If you have any questions, contact Sumita Sen at (410) 786 5755 or [ssen@cms.hhs.gov](mailto:ssen@cms.hhs.gov).**

**ATTACHMENT 1  
 SPR CROSSWALK TO 835V4010-CARRIERS  
 (AS OF 11/21/01)**

Remittance Field	835V4010 Field	LOOP ID	NSF V 2.01 Field #	COMMENT
CARRIER NAME	N102	1000A	100-07	
CARRIER ADDRESS 1	N301	1000A		
CARRIER ADDRESS 2	N302	1000A		
CARRIER CITY	N401	1000A		
CARRIER STATE	N402	1000A		
CARRIER ZIP	N403	1000A		
PROVIDER NAME	N102	1000B	200-06	
PROVIDER ADDRESS 1	N301	1000B		
PROVIDER ADDRESS 2	N302	1000B		
PROVIDER CITY	N401	1000B		
PROVIDER STATE	N402	1000B		
PROVIDER ZIP	N403	1000B		
PROVIDER #	REF02 when IC IN REF01	1000B	200-07	
DATE (CHECK/EFT ISSUE DATE)	BPR16		200-09	
CHECK/EFT TRACE #	TRN02		200-08	
REMITTANCE #				This is not a required field
BENEFICIARY LAST NAME (PATIENT LAST NAME)	NM103	2100	400-13	
BENEFICIARY FIRST NAME (PATIENT FIRST NAME)	NM104	2100	400-14	
HIC (INSURED IDENTIFICATION #)	NM109	2100	400-07	
ACNT (PATIENT CONTROL #)	CLP01	2100	400-03	Use a single 0 if not received on 837 (CLM01)
ICN (PAYOR CLAIM CONTROL #)	CLP07	2100	400-22	
ASG(ASSIGNMENT)	LX01	2000	500-24	
MOA CODES (CLAIM REMARK CODES)	MOA	2100	400-23 THRU 400-27	
PERF PROVIDER (PERFORMNG PROVIDER IDENTIFICATION)	REF02 when IC IN REF01	2110	450-37	If more than 1 performig provider, insert # of 1st
SERVICE DATE (FROM)	DTM02 when 150 in DTM01	2110	450-07	
SERVICE DATE (THROUGH)	DTM02 when 151 in DTM01	2110	450-08	
POS (PLACE OF SERVICE)	REF02 when LU IN REF01	2110	450-11	
NUM (UNITS OF SERVICE)	SVC05	2110	450-17	
PROC (PROCEDURE CODE - PAID)	SVC01-2	2110	450-13	
MODS (MODIFIERS)	SVC01-3 THRU SVC01-6	2110	450-14 THRU 450-16	aabbcdd in the sample
SUBMITTED PROCEDURE CODE	SVC06-2	2110	451-09	(ppppp) in the sample format

**ATTACHMENT 1  
 SPR CROSSWALK TO 835V4010-CARRIERS  
 (AS OF 11/21/01)**

Remittance Field	835V4010 Field	LOOP ID	NSF V 2.01 Field #	COMMENT
BILLED (SUBMITTED LINE CHARGE)	SVC02	2110	450-18	
ALLOWED (ALLOWED/CONTRACT AMT)	AMT02 when B6 in AMT01	2110	450-21	
DEDUCT (DEDUCTIBLE AMT)	CAS03, 06, 09,12,15, 18 when 1 in CAS 02, 05, 08, 11, 14 or 17	2110	450-22	
COINS (COINSURANCE AMT)	CAS03, 06, 09,12,15, 18 when 2 in CAS 02, 05, 08, 11, 14 or 17	2110	450-23	
PROV PD (CALCULATED PMT TO PROVIDER)	SVC03	2110	450-28	
RC (GROUP AND REASON CODES)	CAS01+ CAS02/05/08/11/14/17	2110	450-38 THRU 450-44	
RC-AMT (REASON CODE AMTS)	CAS03, 06, 09,12,15, 18 when no 1 or 2 in CAS 02, 05, 08, 11, 14 or 17	2110	451-10 THRU 451-14	
REM (LINE REMARK CODES)	LQ02	2110	451-16 THRU 451-20	
PT RESP (PATIENT RESPONSIBILITY)	CLP05	2100	500-23	
BILLED (SUBMITTED CLAIM LEVEL CHARGES)	CLP03	2100	500-05	
ALLOWED (ALLOWED/CONTRACT AMT-CLAIM LEVEL)		2100	500-08	
DEDUCT (DEDUCTIBLE AMT-CLAIM LEVEL)		2100	500-09	
COINS (COINSURANCE AMT-CLAIM LEVEL)		2100	500-10	
TOTAL RC AMOUNT				Computed. Excludes Interest, Late Filing Charges, Deductible, Coinsurance and Prev. Pd.
PROV PD (CALCULATED PMT TO PROVIDER - CLAIM LEVEL)	CLP04	2100	500-15	
NET (ACTUAL PMT TO PROVIDER FOR CLAIM)		2100	500-19	This is a computed field including Interest, Late Filing Charge and Prev. Pd.
PREVIOUSLY PAID			500-17 THRU 500-18	
INT (INTEREST PAID)	AMT02 when I in AMT01	2100	500-11	
LATE FILING CHARGE	AMT02 WHEN KH IN AMT01	2110	451-07	
INSURER TO WHOM CLAIM IS FORWARDED	NM103 when TT in NM101& 2 in NM102	2100	500-25	CRSSOVER CARRIER NAME

**ATTACHMENT 1  
 SPR CROSSWALK TO 835V4010-CARRIERS  
 (AS OF 11/21/01)**

Remittance Field	835V4010 Field	LOOP ID	NSF V 2.01 Field #	COMMENT
# OF CLAIMS			800-06	
TOAL BILLED AMT(BT SUBMITTED CHARGES)			800-08	
TOTAL ALLOWED AMT			800-11	
TOTAL DEDUCT AMT			800-12	
TOTAL COINS AMT			800-13	
TOTAL RC AMOUNT				Sum of all RC adjustments. Excludes interest, late filing charge, deductible, coinsurance, and prev. pd.
PROV PD AMT			800-18	
PROVIDER ADJ AMT			COMPUTED	
CHECK AMT	BPR02		800-22	
PROVIDER LEVEL ADJUSTMENT REASON CODE	50 OR AP OR B2 OR CS OR FB OR IR OR J1 OR L6 OR LE OR SL OR WO IN PLB03-1, PLB05-1, PLB07-1, PLB09-1, PLB11-1, PLB13-1		700-06	This and the next three lines explain the provider level adjustments.
FCN OR ADJ REASON (FINANCIAL CONROL #/PROV ADJ REASON)	PLB03-2, PLB05-2, PLB07-2, PLB09-2, PLB11-2, PLB13-2. POSITION 3-19		700-08	
HIC	PLB03-2, PLB05-2, PLB07-2, PLB09-2, PLB11-2, PLB13-2 POSITION 20-30		700-04	
PROVIDER LEVEL ADJUSTMENT AMOUNT	PLB04, PLB06, PLB 08, PLB10, PLB12, PLB14 WHEN 50 OR AP OR B2 OR CS OR FB OR IR OR J1 OR L6 OR LE OR SL OR WO IN PLB03-1, PLB05-1, PLB07-1, PLB09-1, PLB11-1, PLB13-1		700-07	Includes Interest, Late Filing Charge, Previously Paid and other adjustments as applicable

## ATTACHMENT 2

CARRIER NAME  
 ADDRESS 1  
 ADDRESS 2  
 CITY, STATE ZIP  
 (9099) 111-2222

**MEDICARE  
 REMITTANCE  
 NOTICE**

PROVIDER NAME  
 ADDRESS 1  
 ADDRESS 2  
 CITY, STATE ZIP

PROVIDER #: 1234567890  
 PAGE #: 1 OF 999  
 CHECK/EFT #: 12345678901234567890  
 REMITTANCE #: 12345678901234567890 (NOT A REQUIRED FIELD)

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.....
*LINE 1 *
*LINE 2 *
*LINE 3 *
*LINE 4 *
*LINE 5 *
*LINE 6 *
*LINE 7 *
*LINE 8 *
*LINE 9 *
*LINE 10 *
*LINE 11 *
*LINE 12 *
*LINE 13 *
*LINE 14 *
*LINE 15 *
.....
  
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PERF	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME LLLLLLLLLLLL, FFFFFFFF HIC 123456789012 ACNT 12345678901234567890 ICN 123456789012345 ASG X MOA 11111 22222 33333 44444 55555												
1234567890	MMDD	MMDDYY	12	123	PPPPP	aabccdd	1234567.12	1234567.12	1234567.12	1234567.12	GPRRR	1234567.12 1234567.12
					(PPPPP)	REM:	RRRRR	RRRRR	RRRRR	RRRRR	RRRRR	RRRRR
1234567890	MMDD	MMDDYY	12	123	PPPPP	aabccdd	1234567.12	1234567.12	1234567.12	1234567.12	GPRRR	1234567.12 1234567.12
					(PPPPP)	REM:	RRRRR	RRRRR	RRRRR	RRRRR	RRRRR	RRRRR
1234567890	MMDD	MMDDYY	12	123	PPPPP	aabccdd	1234567.12	1234567.12	1234567.12	1234567.12	GPRRR	1234567.12 1234567.12
					(PPPPP)	REM:	RRRRR	RRRRR	RRRRR	RRRRR	RRRRR	RRRRR
PT RESP	1234567.12				CLAIM TOTAL		1234567.12	1234567.12	1234567.12	1234567.12	1234567.12	1234567.12
ADJ TO TOTALS:	PREV PD	1234567.12			INTEREST		1234567.12		LATE FILING CHARGE	1234567.12		NET 1234567.12
CLAIM INFORMATION FORWARDED TO: XXXXXXXXXXXXXXXXXXXXXXXX												



CARRIER NAME  
 PROVIDER #: 1234567890  
 CHECK/EFT #:12345678901234567890  
 REMITTANCE # 12345678901234567890 (NOT A REQUIRED FIELD)

YYYY/MM/DD

(999) 111-2222  
 PROVIDER NAME  
 PAGE #: 999 OF 999

**MEDICARE  
 REMITTANCE  
 NOTICE**

**SUMMARY OF NON-ASSIGNED CLAIMS**

<u>PERF</u>	<u>PROV</u>	<u>SERV DATE</u>	<u>POS NOS</u>	<u>PROC</u>	<u>MODS</u>	<u>BILLED</u>	<u>ALLOWED</u>	<u>DEDUCT</u>	<u>COINS</u>	<u>GRP/RC-AMT</u>	<u>PROV PD</u>
NAME LLLLLLLLLLLL, FFFFFFFF HIC 123456789012 ACNT 12345678901234567890 ICN 123456789012345 ASG X MOA 11111 22222 33333 44444 55555											
1234567890	MMDD	MMDDYY	12 123	PPPPP	aabccdd (PPPPP) REM:	1234567.12	1234567.12	1234567.12	1234567.12	GPRRR 1234567.12	1234567.12
1234567890	MMDD	MMDDYY	12 123	PPPPP	aabccdd (PPPPP) REM:	1234567.12	1234567.12	1234567.12	1234567.12	GPRRR 1234567.12	1234567.12
1234567890	MMDD	MMDDYY	12 123	PPPPP	aabccdd (PPPPP) REM:	1234567.12	1234567.12	1234567.12	1234567.12	GPRRR 1234567.12	1234567.12
PT RESP	1234567.12			CLAIM TOTAL		1234567.12	1234567.12	1234567.12	1234567.12	1234567.12	1234567.12

CLAIM INFORMATION FORWARDED TO: XXXXXXXXXXXXXXXXXXXXXXXX